



**Network for
Regional Healthcare
Improvement**

Collaboratives in Action: Responding to COVID-19

*Pressing Rural Health Issues Related to COVID-19 and
Ways to Help*

April 22, 2020
2:00 - 2:45 pm (ET)

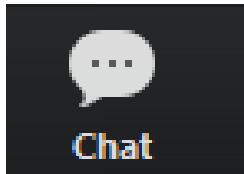
A Few Reminders



Please remain on mute.

Please share your video if you are able!

If you want to share something or you have a question, please use the chat, and NRHI will follow up with you directly via email.



Please chat in your name and organization now (if you are sitting with a group of people, chat in the name of everyone in your group).



We are live tweeting today- join us! NRHI's handle is: **@RegHealthImp, #StrongerTogether**

Today's agenda

- Network for Regional Healthcare Improvement (NRHI) Brief
Introduction
- *Collaboratives in Action* Spotlight: Stratis Health- *Pressing Rural Health Issues Related to COVID-19 and Ways to Help*
- Question & Answers
- Closing Announcements

Network for Regional Healthcare Improvement (NRHI)

What is NRHI?

A **national membership organization** made up of Regional Health Improvement Collaboratives (RHICs) and affiliates working to transform health and healthcare.

Members work together through NRHI to **accelerate and spread regional innovation nationwide.**

NRHI members and partners are committed to improving health and healthcare in the U.S. through **multi-stakeholder collaboration.**

NRHI spearheads **signature initiatives** with participation from RHIC members and other partners.

NRHI Membership

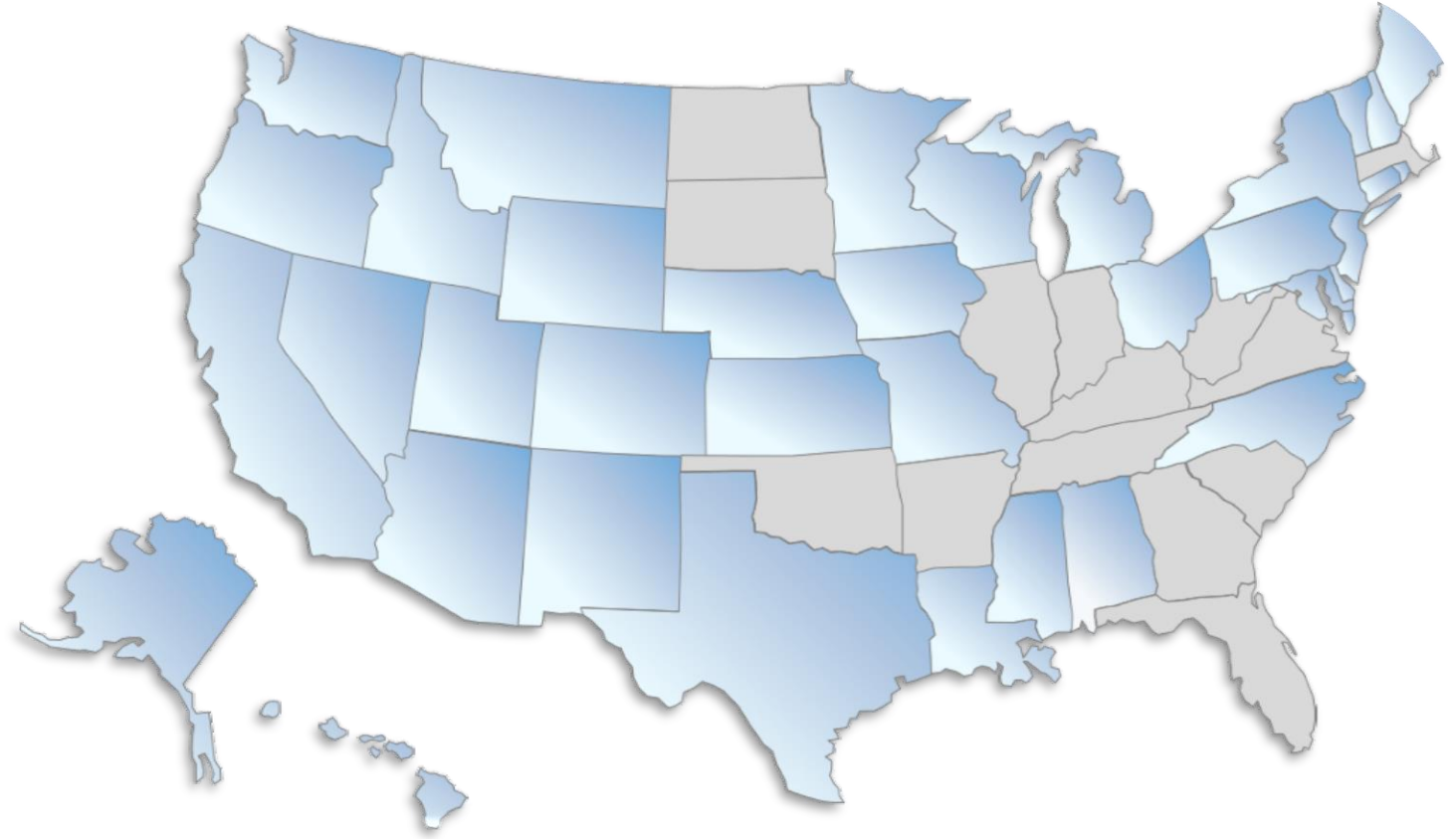
Better Health Partnership – Ohio
California Quality Collaborative – California
Center for Improving Value in Healthcare – Colorado
Comagine Health - Idaho, Nevada, New Mexico, Oregon,
Utah, Washington
Common Ground Health – New York
Greater Detroit Area Health Council – Michigan
Health Care Improvement Foundation – Pennsylvania
Healthcare Collaborative of Greater Columbus – Ohio
Institute for Clinical Systems Improvement – Minnesota
Iowa Healthcare Collaborative – Iowa
Louisiana Health Care Quality Forum – Louisiana
Midwest Health Initiative – Missouri
Minnesota Community Measurement – Minnesota
Mountain-Pacific Quality Health – Montana
New Jersey Health Care Quality Institute – New Jersey
North Carolina Healthcare Quality Alliance – North Carolina
Pittsburgh Regional Health Initiative – Pennsylvania
Qualidigm- Rhode Island, Connecticut, Vermont, Maine
Stratis Health - Minnesota
The Health Collaborative – Ohio
Washington Health Alliance – Washington
Wisconsin Collaborative for Healthcare Quality – Wisconsin

Affiliates

Kansas Foundation for Medical Care
Public Consulting Group - Evaluation Team
State of Maryland Health Care Commission
University of Texas/UTHealth

National Partners

AcademyHealth – Washington, DC



SocialDeterminantsOfHealth
PracticeTransformation PopulationHealth
PatientAndFamilyEngagement
MultisectorDataSharing
PatientSafetyEndOfLifeCare
EmergencyPreparednessMeasurement
LowValueCare ClinicalDataIntegrity
Reporting CareTransitions
BehavioralHealthIntegration
HealthEquityChronicCareManagement
MaternalHealth CostTransparency
EmployerEngagement
WorkforceDevelopment
OpioidManagement
PaymentReform
QualityImprovement

Spotlight Presentation

Stratis Health

Jennifer Lundblad, President & CEO

Sarah Brinkman, Program Manager

Who is Stratis Health?

- Minnesota-based 501c3 nonprofit organization, established in 1971
- Mission: To lead collaboration and innovation in health care quality and safety and serve as a trusted expert in facilitating improvement for people and communities.
- Vision: Stratis Health will be the collaborative force that builds capacity across settings and services to accelerate improvement, demonstrate value, and foster a health system that is safe, effective, timely, patient-centered, efficient, and equitable.

What does Stratis Health do?

- Designs and implements improvement initiatives across the continuum of care and in communities
 - Spread evidence-based best practices
 - Test new models
- Approximately half of Stratis Health's initiatives are implemented in Minnesota, half are regional or national
 - Strong national presence in rural health quality
- One of three NRHI members in Minnesota, along with Institute for Clinical Systems Improvement and MN Community Measurement

TRANSFORMING CARE

Alternative Payment Models and Delivery System Reform

ACTIONS TO BUILD THE FOUNDATION

ACTIONS TO BUILD RELATIONSHIPS, MANAGE POPULATIONS AND ADD VALUE

OUTCOMES

Provide Visionary Leadership and Promote a Learning Culture

Embed Strong Organizational Change Skills Supported by Quality Improvement Methods

Redesign Care to Consistently Use Evidence-Based or Best Practices

Establish an Enabling IT Platform With Interoperable EHR and Effective HIE



Address Health Equity and Social Determinants

Better Care

Better Health

Lower Cost

Sources: The Strategy That Will Fix Health Care, Michael E. Porter and Thomas H. Lee, Harvard Business Review, October 2013. The Chronic Care Model, Edward H. Wagner. © 2013 Stratis Health Rev. April. 2016

Stratis Health Response to COVID-19

Our improvement work has pivoted to address the national COVID-19 crisis to best use our programs, resources, and relationships in redirected ways to support health care organizations and communities in addressing the pandemic.

- Convening to problem-solve
- Sensemaking and information sharing
- Developing resources to fill gaps

Focusing on our rural efforts today...

Rural Context

- Older, sicker, poorer patients
- Financial context
 - Different payment arrangements - critical access hospitals, rural health clinics, federally qualified health centers
 - Average rural hospital median days cash on hand is 33 days (prior to COVID)
 - Higher proportion Medicare and Medicaid patients
- Different requirements
 - CAHs – 25 bed cap, 4 days length of stay, 72 hour qualifying stay for swing beds
 - RHCs – productivity requirement
- Often designated as Healthcare Provider Shortage Areas (HPSAs)

Most Pressing Rural Issues Related to COVID-19

- Workforce shortages – exacerbating an existing issue
- Financial stability – many rural facilities are basically empty; hemorrhaging cash
- Telehealth – not all rural provider types are benefiting from the new more flexible requirements and payments
- Equipment – significant shortages of personal protective equipment and testing supplies
- Quality reporting – implications of suspension of quality reporting deadlines
- Recovery planning – need active plan for rural health

Helpful COVID-related Policy Changes

- Waivers for critical access hospitals (1135 waivers)
 - Lifted cap on CAH beds
 - Removed length of stay cap
 - Removed 72-hour qualifying stay for swing-beds
- Expanded telehealth
 - Additional services
 - Audio only services and temporarily relaxed HIPAA requirements
 - Flexible reimbursement changes

Stratis Health Rural COVID-19 Efforts: National Stakeholder Engagement

- Facilitating and gathering feedback for rural leaders nationally for Federal Office of Rural Health Policy to inform their resources, policy, and programs
- Using our MBQIP Monthly newsletter for critical access hospitals across the country to share timely policy and program changes

Stratis Health Rural COVID-19 Efforts: Convening and Facilitating

- Convene weekly Virtual Health Group of Minnesota health system telehealth directors
- In response to community needs to address cross-setting communication and learning, launched a weekly “[Regional COVID-19 Virtual Open Forum](#)” in Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) role, as part of Superior Health Quality Alliance. Providers across the care continuum come together on these calls for information and tools not available through setting-specific sources.

Stratis Health Rural COVID-19 Efforts: Minnesota Rural Project ECHO

Stratis Health has funded and is part of the team leading a Project ECHO focused on opioid use disorder in rural Minnesota, led by CHI St. Gabriel's Health. With the COVID-19 public health emergency, the ECHO was re-scoped in early April to focus on COVID-19.

- COVID-19 virtual learning for rural providers using Project ECHO
- In partnership with Minnesota Department of Human Services (state Medicaid agency) and Minnesota Academy of Family Physicians
- Changed from once a week to twice a week
- 500-600 rural clinicians are care teams are participating in each session

Lessons Learned and Recommendations

- Recognize unique situation of rural providers
- Encourage adaptability
- Leverage strengths
- Tap into rural-specific resources:
 - [National Rural Health Association](#)
 - [Rural Health Information Hub](#)
 - [Federal Office of Rural Health Policy](#)

Questions

- What work are you doing with rural providers?
- What have you heard about their needs related to COVID-19?

Closing Announcements

Upcoming webinar in the series

Off-Site COVID-19 Testing Center (OSCTC) Considerations: Early Release

- Date|Time: Friday, April 24,
- Presenter: NRHI & Qualidigm - NRHI member

Addressing mental health for health care providers during COVID-19

- Date|Time: Monday, May 4, 3:00 -3:45 PM (ET)
- Presenter: Institute for Clinical Systems Improvement (ICSI) – NRHI member



To learn more about NRHI membership,
our COVID-19 research project, or to
sign up for our newsletter visit:

www.nrhi.org

Or email jritzo@nrhi.org

Thank you!